

United States Department of the Interior US Fish and Wildlife Service

U.S.
FISH & WILDLIFE
SERVICE

Patuxent Research Refuge 12100 Beech Forest Road Laurel, MD 20708-4036

PHYSICIAN'S CERTIFICATION OF

MOBILITY-IMPAIRED / DISABLED ELIGIBILITY

Print	Applicant's	s Name						
This is to certify that is, in the best of my professional opinion, mobility-impaired and/or disabled (circle all that apply), as defined below.								
requiring hemiplegi	the assistance c cs, and quadrip	f a wheelchair, br legics; persons de	aces, crutches, or pendent upon a v	ndition that severel other similar aids wheelchair for amb sthesis on both leg	This deulation;	efinition includ persons require	les paraplegics, ed to use	
physical o	or mental impai	rment that substar	tially limits one	isabilities Act of 19 or more of the majors having such an in	or life ac	tivities of such		
I do hereb	y certify swear	and confirm that	the above inform	ation is true and co	orrect.			
Print Physician's Name			Physician's Signature					
Physician's Address			Physician's Telephone No			Physician's License No		
	Applicant's A	Address		Ci	ty, Stat	e, Zip		
Home Telephone ()			Date of Birth			Day	Yr	
Sex	Race	Height	Weight	Eye Color _		·		
	-	confirm that this suance of this ce		true and correct a	and that	I understand	and meet the	
	Applicant's S	Signature						

Privacy Act Statement: 5 U.S.C. 301 authorizes the collection of this information. The information is used to identify people authorized access to reserved hunting zones on Patuxent Research Refuge. The information may be disclosed to federal, state, or local law enforcement officials. Furnishing this information is voluntary; however; failure to do so may result in denial of entry to the property.